EXHIBIT 46

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF RHODE ISLAND

STATE OF NEW YORK, et al. Plaintiffs, v. ROBERT F. KENNEDY, JR., in his official capacity as SECRETARY OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, et al., Defendants.	Case No. 1:25-cv-00196

DECLARATION OF JOHN DOE 1

I, John Doe, declare under the penalty of perjury pursuant to 28 U.S.C. § 1746 that the foregoing is true and correct:

1. I was employed by the Division of Environmental Health Science and Practice (DEHSP), part of the National Center for Environmental Health (NCEH) within the Centers for Disease Control and Prevention (CDC). I have personal knowledge of the facts set forth in this declaration, and if required to testify, would and could competently do so.

2. I am submitting this declaration pseudonymously because I fear retaliation. But if the Court would like to know my name or job position, I would be willing to provide it ex parte and under seal.

3. I submit this Declaration in support of the States' Motion for a Preliminary Injunction.

Professional Background

4. I have worked in public health for over two decades. I understand how environmental health is done in public health departments at the local, state, and federal levels.

In brief, when an environmental health professional needs assistance or support for any of their work at the local level then they rely on their state to support them. When a very large city or the state environmental health program in their public health department needs assistance and support then they rely on us at the CDC to support them. That federal support stopped on April 1, 2025. All of the environmental health programs in public health departments across the country are on their own now without any support from their former key partners within DEHSP in the National Center for Environmental Health at the CDC.

5. I am providing this declaration to explain the impacts of the reductions in force (RIFs) of April 1, 2025, on the operations of DEHSP. The April 1 RIFs have brought DEHSP's work to a halt and interrupted the deployment of DEHSP staff to jurisdictions facing acute environmental health crises. All of our programs and all of our work focused on supporting environmental health programs in health departments across the country are gone. These are listed on our website here: About Division of Environmental Health Science and Practice | NCEH | CDC (available here: https://perma.cc/9GSH-8X47). Again, none of these activities, programs, or branches listed on our website are active because DEHSP was effectively abolished on April1, 2025. These impacts will continue to be felt by the states as well as by their residents, as DEHSP will no longer be able to support state, territorial, local, and tribal (STLT) partners in responding to events that threaten public health from hazards in the environment including lead contamination, water pollution, hurricanes, heat waves, wildfires, and more.

DEHSP's Mission and Work Prior to April 1, 2025

6. Environmental health professionals are the second most common profession in public health at the local levels. They are the foundation to our public health infrastructure ensuring that our local food, water, air, and places where we live, learn, work, and play are safe

and healthy. They are the reason why Americans don't fear drinking from a water fountain in a county park, swimming in a city pool, eating at a restaurant or at a farmers' market. They are the reason why we don't fear for the health of our families when we send our children off to school or daycare, our parents into nursing homes, or ourselves when we exercise in the gym, go to the spa, or get a tattoo. Environmental health professionals across the country use primary prevention to protect the public from health hazards in these environments and enable the freedoms that we have in America to live, work and play freely. This public health infrastructure, which is empowered by the inspections and permitting of local environmental public health officials across the country, enables our economy to thrive because our people are healthy and safe from the public health hazards which plagued our nation prior to the public health and sanitation movements of the early and mid-1900s. These freedoms from disease hazards in our environment still don't exist in some other countries around the world. That is why we remain vigilant regarding the reintroduction of such disease hazards in our environment from others coming into America. DEHSP is established to support this entire environmental public health infrastructure through their dedicated support of environmental health programs at all levels of government. DEHSP has stood at the ready to provide the needed environmental health expertise required for outbreaks of disease, natural disasters, and other public health crises from hazards in the environment. In doing so, DEHSP prevents exposures to environmental health hazards to improve health in all communities through applied environmental public health science and practice. No other public health unit at CDC or HHS has this focus on supporting environmental health programs across the country; our work is not duplicated anywhere else, and our experts and expertise are unique. DEHSP's mission is supported by surveillance, epidemiology, technical assistance, training, and preparedness activities. The Division provides critical environmental

health support and funding for environmental health departments and other partners with similar missions. Our nation's environmental health programs at all levels of government rely on the premier expertise and experience of the staff in DEHSP. These experts in DEHSP are called upon by our environmental health programs across the country when no one else can help them with the challenges that they face. All of that support, expertise, and experience is now gone because DEHSP was abolished on April 1, 2025, when all of the civilian staff were subjected to the RIF. Our environmental health professionals across the country do not have any premier environmental public health professionals to call now at the CDC to help them. Our states, territories and tribes are on their own now to manage all of their environmental public health challenges and crises.

7. NCEH contains two divisions: DEHSP and the Division of Laboratory Sciences. DEHSP handles the non-laboratory work of the NCEH with a focus on supporting state, territorial, local, and tribal environmental public health programs and departments. There is no overlap with the Division of Laboratory Sciences.

DEHSP Core functions and structure

8. DEHSP is organized into five branches and one activity. These include all of the national public health programs supporting the environmental health work in STLT health departments and other allied partners: childhood asthma, childhood lead poisoning prevention, public health impacts from our changing climate, environmental health data tracking, safe food, safe water, general environmental public health services, natural hazards and public health, cancer clusters, disaster epidemiology, environmental epidemiology, public health impacts of radiation, chemical weapons demilitarization, medical toxicology and poisoning surveillance, and more. Our cruise ship program supports public health in port communities across the

country. These are the core functions of DEHSP. Most states and large cities lack the resources to support complementary specialized environmental public health expertise locally within their jurisdictions. That is why the nation depends on the expertise and experts in DEHSP.

9. DEHSP Disaster Epidemiology teams deploy to the sites of environmental health crises to assist state, territorial, local, and tribal health departments in their response. For example, in recent years Disaster Epidemiology teams have been deployed to Los Angeles, California and Maui, Hawai‘i to respond to the public health effects of wildfires, and Maricopa County, Arizona to assist with ongoing heat waves and cooling center efforts. We also supported communities responding to disaster remotely in other ways.

10. DEHSP’s Lead Poisoning Prevention and Surveillance Branch provides support for managing ongoing lead crises, including through the congressionally mandated Childhood Lead Poisoning Prevention Program. The program strengthens blood lead testing, reporting, and surveillance. DEHSP also supports state and local health departments in population-based interventions and connecting lead-exposed children to services. Moreover, DEHSP manages the poison control center reporting exposure to lead contaminated products.

11. DEHSP’s Radiation Studies Section sets guidelines for preventing and responding to radiological threats to public health. These guidelines help make nuclear and radiological resources safe for consumers.

12. DEHSP is also responsible for the congressionally mandated Asthma Control Program, which focuses of reducing the number of deaths, hospitalizations, emergency department visits, school or workdays missed, and limitations on activity due to asthma. The Asthma Control Program funds state and local health departments to ensure access to asthma treatment for individuals and has led to improvements in disease outcomes and quality of care,

and fostered policies to reduce exposure to environmental facts contributing to asthma, including air pollution.

13. DEHSP's Environmental Public Health Tracking Network collects, analyzes, and disseminates data on threats to public health from non-infectious disease, environmental risk factors, and socio-economic factors. This data is collected and shared with state, territorial, local, and tribal partners.

14. DEHSP's Vessel Sanitation Programs helps the cruise ship industry prevent and control the spread of illness on cruises, protecting both passengers and cruise ship workers. Through this program, DEHSP inspects cruise ships, monitors illness data, reviews ship design, and trains cruise ship leaders and staff on public health practices.

15. DEHSP also provides support for state, territorial, local, and tribal health departments conducting investigations into unusual patterns of cancers potentially caused by environmental health factors.

16. DEHSP's work is authorized by Congress. Its work regarding lead contamination, asthma, emerging environmental hazards and health effects, climate and health, food safety, data tracking, public health concerns from radiation, and environmental public health disasters are authorized primarily under the Public Health Service Act. There is special legislation empowering the work of the vessel sanitation, cancer clusters, and chemical weapons demilitarization programs.

17. Much of DEHSP's work is conducted through cooperative agreements with STLT partners. Unlike grants, under a cooperative agreement CDC is required to make staff available to work cooperatively with partner entities, including by answering questions, providing technical assistance, and actively managing the funds. DEHSP manages the Environmental

Health Capacity funding mechanism for CDC, the only funding mechanism specifically dedicated to supporting the broadly required capabilities in environmental health programs within health departments nationwide. The focused funding opportunities for childhood asthma, lead poisoning prevention, environmental public health data tracking, and climate and health are unique and not replicated elsewhere in CDC or HHS.

18. DEHSP works closely with the Agency for Toxic Substances and Disease Registry (ATSDR), a separate operating division of the Department of Health and Human Services (HHS). ATSDR is not mandated to provide comprehensive environmental health support to state, territorial, local, and tribal health departments as DEHSP does. ATSDR's mission is complementary to DEHSP but very different with a specific focus on supporting communities exposed to toxic contamination in their local environment. ATSDR is empowered through the CERCLA legislation. That legislation is not designed to support the core functions of environmental health departments in public health agencies across the USA unlike the core funding and mission of DEHSP. Although jointly administered with the NCEH in the CDC, there is no programmatic overlap between DEHSP and ATSDR.

DEHSP emergency preparedness and response functions

19. CDC is the lead agency within HHS for any public health emergency, crisis, outbreak, epidemic, or disaster of national significance. Within the CDC, different Centers are delegated specific preparedness and response functions. NCEH has been designated to lead the response to any natural disaster, chemical terrorist event (e.g. sarin attack in Tokyo), radiological or nuclear event (e.g. Three Mile Island or Fukushima), or explosion (e.g. Beirut or Iran port explosions). Within NCEH, the bulk of the expertise needed to lead and staff a public health response for CDC is in DEHSP. All of the programs supporting this required expertise in DEHSP

is now gone and the expertise lost. Therefore, NCEH will be unable to support a national public health response to any of these types of events right now. Going into the summer season, the lead programs and experts to support a public health response to natural disasters in DEHSP are gone. These are experts in disasters like catastrophic flooding, tornadoes, heat waves, wildfires and associate smoke events, hurricanes, and algal blooms. High consequence but lower probability events like chemical, nuclear, radiological, or explosive events will have insufficient specialized experts to support them. Due to the low probability for these events at the local level, STLT partners rarely staff their health departments with expertise like that within DEHSP. They rely on the expertise of DEHSP in events like these. Any nuclear event anywhere in the world would require a national public health response at CDC like we led during the Fukushima disaster. If there were an event at one of the nuclear power plants in Ukraine right now, like what was narrowly averted with the Zaporizhzhia nuclear power plant during the current war in Ukraine, then the US would be unable to support a public health response due to the loss of the expertise in DEHSP. The abolishment of DEHSP has put the public health of the USA at risk and vulnerable to natural and technological disasters.

The April 1, 2025, RIFs and Effects on DEHSP

20. On April 1, 2025, the remainder of our roughly 200 DEHSP employees—myself included—received RIF notices. We were placed on administrative leave until our expected termination on June 2. We have not been permitted to continue our work during this time.

21. The RIFs effectively shut down DEHSP. All but one civilian employee of DEHSP received a RIF notice. Only commissioned members of the Public Health Service remain employed in the Division and a few fellows employed through non-HHS mechanisms.

22. Prior to the April 1 RIFs, all of the Division's probationary employees were let go on February 14th. Since then some staff voluntarily chose to retire early due to the political uncertainty, accepted the deferred resignation program, or accepted the VERA/VSIP retirement option.

23. The contractors working with DEHSP have not been terminated yet. Their contracts run through the end of the fiscal year, but they are unable to adequately and efficiently carry out their work functions without DEHSP staff in place directing them.

The April 1 RIFs Have Eviscerated DEHSP's Work

24. The RIFs have effectively halted all of DEHSP's Congressionally funded work because there is insufficient PHS staff left in the Division to carry it out. This includes the Division's statutorily mandated functions. The Vessel Sanitation Program is funded by fees collected from the cruise industry and has sufficient PHS and NCEH support staff now assigned to support them to maintain the program currently.

25. A DEHSP Disaster Epidemiology team was traveling to North Carolina to support authorities there in responding to hurricane-related health threats when the RIF notices came through. The team was forced to turn around and was unable to provide support.

26. Milwaukee, Wisconsin is in the midst of a lead contamination crisis in its public schools. DEHSP had begun providing support to the state and local health departments for lead contamination response but was forced to withdraw that desperately needed support after the RIFs. Without DEHSP, public health officials responding to the crisis have been denied the expertise and experience of the federal government. That has placed public health at risk.

27. Moreover, without staff DEHSP does not stand ready to respond to the public health crises and challenges that will emerge in the coming months and years. For example,

extreme heat routinely leads to catastrophic harmful algae blooms requiring DEHSP's response (a concern in Florida in years past). Or, if a chemical emergency such as a Sarin attack, nuclear meltdown, or chemical explosion should occur in the near future, CDC would be unable to provide support to state, territorial, local, or tribal public health authorities without DEHSP staff in place.

Conclusion

28. The April 1, 2025 RIFs have incapacitated DEHSP. Thus, the Division's standard programmatic work to address lead contamination, asthma, safe water, emerging environmental hazards and health effects, food safety, data tracking, chemical demilitarization, and other environmental health threats, is not being completed. Nor can DEHSP respond to acute environmental health crises including natural and man-made disasters. Moreover, without DEHSP, no other agency within CDC or HHS will carry out DEHSP's function providing guidance and support to state, territorial, local, and tribal public health authorities in important matters of public health.

John Doe

John Doe

Date: May 7, 2025